

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Assessment Services

PROGRAM ELEMENT:

Adult Evaluation and Review Services (AERS)

PROGRAM MISSION:

To provide assessment, care planning, and short-term case management to the frail elderly and to Montgomery County adults with disabilities age 18 and older who are at risk of institutionalization

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of elderly and disabled adults who remain safely in the community after receiving services	81	81	78	80	80
Percentage of elderly and disabled adults who take their medications safely after receiving services	73	73	75	75	75
Service Quality:					
Average number of days to initiate cases ^a	3.4	4.5	5.9	6.5	6.5
Average number of cases per staff member ^b	24.4	26.8	24.7	25.0	25.0
Efficiency:					
Average cost per evaluation (\$)	938	904	^c 1,326	1,144	1,060
Workload/Outputs:					
Number of clients evaluated	724	788	^e 684	800	900
Number of clients linked to community resources	703	752	^e 653	720	770
Number of clients given medication education	584	600	^e 522	640	690
Inputs:					
Expenditures (\$000)	679	712	^d 907	915	954
Workyears	9.2	9.8	^d 11.0	11.0	^e 10.0

Notes:

^aEffective October, 2002 Adult Evaluation and Review Services (AERS) staff handle Medical Assistance Waiver for Older Adults assessments, which have a 10 day response time standard. The State AERS standard is 6 days.

^bThis program refers routine cases to contractors and assigns the most complex cases and most vulnerable clients to AERS assessment staff. This decision was made to bring the unit into compliance with the State's 25:1 caseload ratio.

^cIn FY03, due to budget-related staff reductions, fewer cases were referred to AERS for assessment.

^dAs a result of a reduction in State funding and the resultant re-allocation of staff between programs, a new methodology for calculating workyears was adopted starting in FY03.

^eWorkyears are being shifted in FY05 due to program realignment/reorganization.

EXPLANATION:

Nationally, the proportion of older adults with disabilities living in nursing homes rises with increasing levels of disability. However, over half a million older adults can still remain at home with access to informal and/or formal community resources. A lack of access to community resources is a strong indicator for nursing home admission for these individuals. Studies have shown that for each person in a nursing home, there are between one and three equally disabled persons living in the community. Access to informal and/or formal resources is a major reason why an individual can remain safely in the community.

Studies have also shown that a key factor affecting the need for nursing home admissions is the ability to manage medication. Drug toxicity is common among the elderly and contributes to as many as 10% of hospital admissions. Adverse reactions to medications are two to three times more common in the elderly than in younger adults. The elderly are often prescribed multiple medications (sometimes by several physicians) with complex dosage schedules. One-third to one-half of the elderly do not comply with prescribed medication regimens. Again, access to informal and formal resources/supports can enable an individual to take medications safely and to remain in the community.

Adult Evaluation and Review Services (AERS) is required by State law to conduct a comprehensive pre-admission evaluation of any adult at risk for nursing home placement. A multi-disciplinary evaluation is conducted to identify services available to help the individual remain in the community or in the least restrictive, safe environment while functioning at the highest possible level of independence and personal well-being.

Social work staff formerly assigned to Adult Protective Services (APS) and Social Services to Adults (SSTA) have been assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service in the face of the reductions in workyears, staff from other units in Aging and Disability Services have been rotated as needed to handle cases in APS and SSTA. AERS staff are assuming a different level/type of interaction with clients, one involving less case management interaction. Consequently, more clients will be served, but each client will be receiving less staff time than in the previous model of care delivery.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, State Office on Aging, Social Services Administration, Rock Creek Foundation, Alzheimer's Disease and Related Disorders Association of Greater Washington, Association of Retarded Citizens, Centers for the Handicapped, Inc., non-profit organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347 and 27-35, 4-301, 708, 13-709, COMAR 10.09.30, Annotated Code of Maryland 15-301, COMAR Title 07, Subtitle 06, Chapter 13.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Assessment Services	PROGRAM ELEMENT: Adult Protective Services (APS)
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PROGRAM ELEMENT MISSION:
To provide evaluative, transitional, and social services to the frail elderly and adults with disabilities in order to reduce the risk of abuse, neglect, and exploitation

COMMUNITY OUTCOMES SUPPORTED:
• Children and vulnerable adults who are safe

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of cases re-opened within six months	6.7	6.0	6.0	8.0	7.0
Service Quality:					
Average time to initiate cases (days) (State standard = 5 days)	3.5	3.6	3.6	3.5	3.5
Average time to complete investigations (days) (State standard = 30 days)	25	26	27	25	25
Efficiency:					
Average cost per investigation ^a (\$)	1,541	1,151	1,536	1,425	1,264
Average number of reports investigated per worker per month	7.0	8.3	8.0	8.0	8.0
Average protection caseload ratio (cases per staff member)	20:1	26:1	25:1	25:1	20:1
Workload/Outputs:					
Number of abuse and neglect reports screened ^c	449	557	521	500	525
Number of investigations conducted/completed ^a	450	538	481	545	550
Number of cases receiving continuing services	499	515	507	520	520
Inputs:					
Expenditures (\$000)	692	641	^b 800	820	^d 695
Workyears	9.5	9.1	^b 9.0	9.0	^d 7.3

Notes:

^aAn APS investigation can involve the following staff activities: multiple home visits; consultation with family and other appropriate parties (neighbors, police, physicians, etc.); case record documentation; police reports; court presentation; collaboration with public and private organizations to ensure safe plans, etc.

^bBecause of a reduction in State funding and the resulting re-allocation of staff between programs, a new methodology for calculating workyears was adopted beginning in FY03.

^cThe number of abuse and neglect reports screened includes reports screened at intake, cases initially screened under another agency code and converted to Adult Protective Services, and Guardianships taken in directly to the Guardianship Unit.

^dWorkyear and expenditure reductions reflect program realignment/reorganization.

EXPLANATION:

Adult Protective Services (APS) provides evaluative, transitional, and social services to the frail elderly and adults with disabilities when suspected abuse, neglect, self-neglect, or exploitation is reported. In Montgomery County, the majority (61%) of APS referrals and investigations are related to self-neglect among the elderly. Self-neglect occurs most frequently among persons over age 85 and among mentally disabled persons living alone who are no longer capable of independent living.

In Montgomery County, cases are consistently initiated and completed in less time than the State standard. In addition, the percentage of cases re-opened within six months has remained less than 10% for the past five fiscal years. In FY03, cases that were re-opened within six months remained at only 6%.

The decline in the number of abuse and neglect cases screened and in the number of investigations conducted/completed in FY03 is related to the increasing number of high risk cases of neglect that were handled by Medicaid Waiver staff rather than by APS staff. However, since the Medicaid Waiver program has been capped by the State, in FY04 and FY05 these cases will return to APS investigations.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: County Attorney, Montgomery County Fire and Rescue Service, Police, Montgomery County Public Schools, Housing Opportunities Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, Maryland Developmental Disabilities Administration, District Court, State's Attorney, Circuit Court, non-profit organizations, abused persons programs, Attorney General's Office.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347, 27-35, 4-301, 13-708, 13-709.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Assessment Services

PROGRAM ELEMENT:

Social Services to Adults (SSTA)

PROGRAM MISSION:

To protect the frail elderly and adults with disabilities from abuse and neglect by providing them with evaluative, transitional, and social services that allow them to remain safely in the community

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Caring, thriving communities

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
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Outcomes/Results:

Percentage of clients who remain safely in the community after receiving services ^a	NA	NA	NA	TBD	TBD
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Service Quality:

Average number of days to initiate cases ^{a,b}	NA	NA	NA	TBD	TBD
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Efficiency:

Average cost per assessment (\$)	NA	NA	1,148	1,163	1,127
Average number of assessments per worker per month	NA	7.0	9.0	8.0	8.0
Average number of cases per staff member ^c	NA	25:1	25:1	25:1	29:1

Workload/Outputs:

Number of service requests received	NA	521	450	450	450
Number of assessments conducted	NA	457	400	400	^e 300
Number of cases referred to continuing services	NA	186	120	^e 60	^e 90

Inputs:

Expenditures (\$000)	NA	NA	^d 459	465	^f 338
Workyears	NA	NA	^d 5.5	5.5	^f 3.5

Notes:

^aTransfer of a supervisor resulted in loss of institutional knowledge on how to calculate this measure. A new measure, with a documented methodology, is under development for FY04.

^bState standard = 10 days.

^cState standard = 25:1.

^dBecause of a reduction in State funding and the resulting re-allocation of staff between programs, a new methodology for calculating workyears was adopted beginning in FY03.

^eAssessment staff cuts will result in a decrease in the number of assessments conducted and in the number of cases transferred to continuing services.

^fWorkyear and expenditure reductions reflect program realignment/reorganization.

EXPLANATION:

Social Services to Adults (SSTA) is the Maryland Department of Human Resources' program for at-risk frail, elderly, and disabled adults 18 years and older. The services are both preventive and voluntary in nature. Recipients receive assessment, care planning, and short-term case management services designed to achieve or maintain self-sufficiency, provide economic support, and prevent maltreatment and inappropriate institutionalization. Individuals with continued high need for services at the end of the assessment period are referred to SSTA Continuing.

Social work staff formerly assigned to Adult Protective Services (APS) and SSTA have been re-assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service in the face of the reductions in workyears, staff from other units in Aging and Disability Services have been rotated as needed to handle cases in APS and SSTA. In response to an increase in the waiting list resulting from the reassignment of staff, a contract has been executed to hire a vendor to assist with workload in FY04.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Department of Health and Human Services Crisis Center and Income Support Services programs, Social Security Administration, Disability Entitlement Advocacy Program, Medical Assistance Personal Care Provider Agency, Manna, Community Ministries, mental health providers, community health clinics, non profit organizations, homeless advocates.

MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07.06.13.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Assisted Living Services	PROGRAM ELEMENT: Adult Foster Care				
PROGRAM MISSION: To provide protective living environments for the frail elderly and adults with disabilities, using adult foster care and small group homes					
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and adults who are physically and mentally healthy• Children and vulnerable adults who are safe• Individuals and families achieving their maximum level of self-sufficiency					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of adults residing in foster care or group homes six months after placement	93	96	95	95	95
Percentage of adults residing in foster care or group homes twelve months after placement	90	96	93	90	90
Service Quality:					
Percentage of residents satisfied with placement	NA	NA	86	85	85
Efficiency:					
Average annual cost per resident (\$)	6,268	^a 9,717	9,023	9,411	9,423
Workload/Outputs:					
Number of clients receiving case management placement in Adult Care families and group homes	190	^b 164	177	175	175
Inputs:					
Expenditures (\$000)	1,191	^a 1,504	1,597	1,647	1,649
Workyears	7.6	9.3	9.6	9.6	^c 7.9
Notes: ^a Costs increased in FY02 for two reasons: a higher percentage of customers had special mental health needs, which require additional services to maintain placement, and the expenditure total was recalculated to include personnel expenses. ^b Outputs decreased in FY02 due to the transfer of residents to the Medical Assistance Waiver for Older Adults. ^c Workyear reductions reflect program realignment/reorganization.					
EXPLANATION: <p>Adult foster care provides supervised living and assistance to disabled adults and frail elders. Studies of adult foster care demonstrate that it improves the resident's quality of life. Clients are referred because of mental or physical disability, abuse and neglect, or inability to live independently in the community. Assistance allows them to remain in the community as long as possible. The decision to place a client in either adult foster care or a group home is based on whether a client would do better living in a family home setting or with a small group of peers. Each resident receives an individual care plan with goals to ensure safety, health, and maximum self-sufficiency. Adult foster care homes and group homes are now licensed by the State as "assisted living."</p> <p>Case management services are essential to enabling vulnerable adults to remain in permanent and stable housing. Placement with a committed care provider and social work case management of each resident contribute to the success of care and placement. Case managers certify and monitor the adult foster care homes and monitor the client's care in group homes. They also help arrange needed services such as adult day care, occasional in-home aide services, job support, help in paying bills, and training for both providers and residents. Case managers also provide support to the caregivers and add resources to help prevent caregiver burnout.</p> <p>Social work staff formerly assigned to Adult Protective Services (APS) and Social Services to Adults (SSTA) have been assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service in the face of the reductions in workyears, staff from other units in Aging and Disability Services have been rotated as needed to handle cases in APS and SSTA.</p>					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Department of Disability Administration, Office on Aging, Social Security Administration, Department of Public Works and Transportation, Housing Opportunities Commission, Department of Housing and Community Affairs, Montgomery County Commission for People with Disabilities, Montgomery Commission on Aging, Montgomery County Fire and Rescue Service, Montgomery County Police, day care providers, group home providers, non-profit organizations.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapters 15 and 16; COMAR Title 10, Subtitle 607, Chapter 14.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Assisted Living Services; Group Residential and Vocational Services

PROGRAM ELEMENT:

Group Home Subsidy Program and Handicapped Rental Assistance Program

PROGRAM MISSION:

To ensure the safety of frail seniors and individuals with disabilities by providing safe and supportive group home placements in the community

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES
**FY01
ACTUAL**
**FY02
ACTUAL**
**FY03
ACTUAL**
**FY04
BUDGET**
**FY05
CE REC**
Outcomes/Results:

Percentage of clients remaining in a protected living situation	NA	NA	96	95	95
Percentage of community vendors willing to continue to accept clients from the Department of Health and Human Services	NA	NA	100	98	100

Service Quality:

Percentage of clients satisfied with placement ^a	NA	NA	NA	90	95
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Efficiency:

Average cost per client (\$)	NA	NA	3,282	3,378	3,097
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Workload/Outputs:

Number of clients served	326	310	333	320	320
Number of new group home facilities willing to accept Department of Health and Human Services referrals	2	6	4	6	6

Inputs:

Expenditures (\$000)	NA	NA	1,095	1,068	^b 991
Workyears	1.0	1.0	0.5	0.5	0.5

Notes:

^aAn instrument to measure customer satisfaction is being developed and will be implemented in FY04.

^bReflects a reduction in the Group Senior Assisted Housing Grant.

EXPLANATION:

The Group Home Subsidy Program (GHSP) and the Handicapped Rental Assistance Program (HRAP) provide subsidies to community providers on behalf of low-income disabled clients in order to provide low-cost alternatives to nursing home placement. GHSP provides subsidies to clients age 62 and over who are residing in group homes and at risk for nursing home placement. HRAP provides rental assistance to chronically mentally ill clients who are at risk of institutionalization. Health and Human Service staff must work with providers to persuade them to accept Department of Health and Human Services clients because, despite the fact that providers receive a client payment plus a subsidy, the payments are still often below market rates for the services provided.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: ARC of Montgomery County, Family Services Agency, Centers for the Handicapped, Full Citizenship of Maryland, Jewish Foundation for Group Homes, St. Luke's, Inc., St. Mark's House, Threshold Services, Maryland Department of Human Resources.

MAJOR RELATED PLANS AND GUIDELINES: County Code 41A-6.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Community/Nursing Home Medical Assistance and Outreach

PROGRAM ELEMENT:

Long Term Care

PROGRAM MISSION:

To authorize Medical Assistance benefits for the aged, blind, and disabled who reside in institutions and group homes

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
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Outcomes/Results:

Number of adults receiving Medical Assistance through the program	2,348	2,347	2,224	2,400	2,400
Percentage of applicants who receive Medical Assistance	NA	80	88	88	88

Service Quality:

Percentage of applications processed within 30 days	28	45	80	97	97
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Efficiency:

Average cost per screening (\$)	NA	120	127	139	138
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Workload/Outputs:

Number of customers screened	NA	5,280	5,840	6,000	6,200
Number of redetermination cases initiated ^a	NA	NA	1,314	1,400	1,500

Inputs:

Expenditures (\$000)	631	631	740	835	858
Workyears	10.0	11.8	12.0	13.7	13.7

Notes:

^aMedical Assistance long-term clients must have eligibility redeterminations every 12 months. Data are tracked by the State CIS/CARES system.

EXPLANATION:

The Long Term Care Medical Assistance Program is a State-mandated, fully funded Federal benefit for eligible recipients. The program provides customers who are both financially eligible and medically fragile with a way to pay for the cost of care in a nursing home facility. By helping to make certain that its customers receive appropriate medical treatment, shelter, and dietary support, the program helps to ensure that these individuals are safe. The program is operated by the County and provides specialized staff to assist individuals in completing the application and eligibility process.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration), Maryland Department of Health and Mental Hygiene, Social Security Administration, State Pharmacy Assistance Program.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.24.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Community/Nursing Home Medical Assistance and Outreach

PROGRAM ELEMENT:

Medical Assistance Outreach

PROGRAM MISSION:

To authorize Medical Assistance benefits for the aged, blind, and disabled who reside in the community, hospital patients, and patients of the Department of Health and Human Services' STD/HIV clinic

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

FY01
ACTUAL

FY02
ACTUAL

FY03
BUDGET

FY04
BUDGET

FY05
CE REC

Outcomes/Results:

Number of adults receiving Medical Assistance through the program	NA	NA	NA	3,500	3,800
Total Medical Assistance dollars provided to clients (\$ millions)	9.2	14.2	16.3	18.1	19.6
Average Medical Assistance payment per customer served (\$)	NA	NA	NA	5,000	5,500
Percentage of applicants who receive Medical Assistance	NA	NA	NA	50	50

Service Quality:

Percentage of applications processed within 30 days	58	75	98	95	97
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Efficiency:

Average cost per screening (\$)	339	213	191	147	156
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Workload/Outputs:

Number of customers screened	1,860	2,964	4,068	5,683	5,500
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Inputs:

Expenditures (\$000)	631	631	779	835	858
Workyears	10	12	12	14	14

Notes:

EXPLANATION:

Medical Assistance Outreach is a unit comprised of Medical Assistance specialists in Montgomery County hospitals and clinics. These specially trained staff assist with the application and eligibility requirements for Medical Assistance Program benefits. The workers' salaries are paid by the five hospitals and three clinics (with Federal matching dollars). The workers assist uninsured and self-pay Montgomery County hospital patients in receiving Medical Assistance Program benefits to pay the medical bills they have incurred at the hospitals and clinics. The Medical Assistance Program reimburses the hospitals for the treatment provided. In FY03, an outreach worker was added to the Holy Cross Hospital Clinic, which led to a dramatic increase in Medical Assistance dollars obtained.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration), Maryland Department of Health and Mental Hygiene, Montgomery County Department of Recreation, Social Security Administration, State Pharmacy Assistance Program, Hebrew Home of Greater Washington, Montgomery Village Care and Rehabilitation, Holy Cross Hospital, Suburban Hospital, Montgomery General Hospital.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.24.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Continuing Case Management

PROGRAM ELEMENT:

Adult Protective Services (APS)

PROGRAM MISSION:

To assist clients in securing the services needed to ensure that standards of health, safety, and well-being are met; to prevent or lessen the likelihood of abuse, self-neglect, or exploitation; to provide for the least restrictive and least intrusive mode of service intervention; and to ensure that the goals of the client's service plan are being accomplished

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES
**FY01
ACTUAL**
**FY02
ACTUAL**
**FY03
ACTUAL**
**FY04
BUDGET**
**FY05
CE REC**
Outcomes/Results:

Percentage of clients for whom no new APS investigation is required	99	99	99	99	99
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Service Quality:

Average caseload per case manager	25:1	23:1	25:1	25:1	25:1
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Efficiency:

Average cost per client (\$)	1,154	1,151	1,140	1,016	1,056
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Workload/Outputs:

Number of clients receiving continuing adult protective services	390	516	507	500	500
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Inputs:

Expenditures (\$000)	450	594	^a 578	592	^b 528
Workyears	5.6	6.6	^a 7.8	7.8	^b 4.7

Notes:

^aBecause of a reduction in State funding and the resulting re-allocation of staff between programs, a new methodology for calculating workyears was adopted beginning in FY03.

^bWorkyear and expenditure reductions reflect program realignment/reorganization and reductions in grant awards.

EXPLANATION:

Program services are provided to clients who are determined by investigation to be at-risk, who acknowledge a risk or need for services, and who have the capacity and willingness to agree to and participate in a service plan that affords them protection from neglect, abuse, or exploitation, or to mitigate the effects of prior abuse, self-neglect, neglect, or exploitation. This program is voluntary, and the primary service is case management, including ongoing assessment, service planning, linking with resources, monitoring the service plan, and advocating on behalf of the client.

Social work staff formerly assigned to Adult Protective Services (APS) and Social Services to Adults (SSTA) have been assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service in the face of the reductions in workyears, staff from other units in Aging and Disability Services have been rotated as needed to handle cases in APS and SSTA.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: County Attorney, Montgomery County Fire and Rescue Service, Police, Montgomery County Public Schools, Housing Opportunities Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, Maryland Developmental Disabilities Administration, District Court, State's Attorney, non-profit organizations, abused persons programs.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347 and 27-35, 4-301, 13-708, 13-709.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Continuing Case Management

PROGRAM ELEMENT:

Public Guardianship Program

PROGRAM MISSION:

To provide surrogate decision making and case management services to disabled adults when appointed by the Circuit Court as their guardian

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of clients ^a for whom the Adult Public Guardianship Review Board (APGRB) concurs with the continued need for a public guardian	NA	100	100	95	95
Percentage of clients for whom the APGRB concurs with the care plan recommended by the Guardianship Program	NA	100	100	90	90
Service Quality:					
Average number of visits to clients per month	66	65	64	65	65
Percentage of court-appointed attorneys reporting satisfaction with guardianship services provided to clients	NA	NA	100	85	85
Efficiency:					
Average cost per client (\$)	4,315	3,897	4,705	4,111	3,611
Workload/Outputs:					
Number of guardianship clients	73	78	78	90	90
Number of APGRB hearings	101	102	93	115	115
Average number of guardianship clients per month	59	57	61	70	70
Inputs:					
Expenditures (\$000)	315	304	367	378	^b 325
Workyears	3.9	3.2	3.9	4.5	^b 3.0

Notes:

^a"Client" refers to a ward of the state.

^bWorkyear and expenditure reductions reflect program realignment/reorganization and reductions in grant awards.

EXPLANATION:

The Guardianship Program was authorized by Maryland Law in 1977 and is part of a statewide system of Adult Protective Services designed to provide adults who lack the physical or mental capacity to care for their basic needs with services sufficient to protect their health, safety, and welfare. A guardian of a person shall be appointed if the court determines, from clear and convincing evidence, that the person lacks sufficient understanding or capacity to make or communicate responsible decisions concerning himself or herself, and no less restrictive form of intervention is available which is consistent with the person's welfare and safety.

A public guardian is named only as a last resort and when the disabled person has no relative or friend willing and able to be the guardian. The guardian has all the rights, duties, and responsibilities of a parent to a child, and it is the responsibility of the guardian to ensure that appropriate care is provided to the disabled person. The guardian has the duty to assist the disabled person with living in the least restrictive environment with the highest quality of life possible. This usually entails making decisions regarding living arrangements, medical care, and home care services. Institutionalization is the last resort and is used only if the supportive systems provided are not sufficient to sustain the elderly/disabled person in the community. There are no funds within the program to provide direct services.

The Adult Public Guardianship Review Board is appointed by the County Executive. The Board reviews all regular (non-temporary) public guardianship cases every six months. This review mechanism does not exist in the laws of many states and has been held up as a national model.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Departments of Aging, Human Resources, and Health and Mental Hygiene; Montgomery County Attorney and private attorneys; Circuit Court; housing, health care, and private service providers.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.14, COMAR 07.06.13, COMAR 07.03.07, COMAR 07.06.12, Annotated Code of Maryland, Estates and Trusts Article, Title 13, Subtitle 1, 13-101; Subtitle 7, 13-704 *et seq.*, Maryland Rules of Procedures, R70, Memorandum of Understanding between Department of Human Resources and Office on Aging, re: Adult Protective Services; Annotated Code, Family Law Article, Title 14, Subtitle 1, 14-101 *et seq.* and Subtitle 2, 14-201 *et seq.*; Article 27, Subtitle 35 B, Abuse of Vulnerable Adults.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Continuing Case Management

PROGRAM ELEMENT:

Social Services to Adults (SSTA)

PROGRAM MISSION:

To ensure that clients receive protection and other services to prevent abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization

COMMUNITY OUTCOMES SUPPORTED:

- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of clients with low risk of abuse or neglect ^a	NA	NA	NA	TBD	TBD
Percentage of clients with the level of services they need ^a	NA	NA	NA	TBD	TBD
Percentage of clients continuing to live in the community two years after service is initiated	81.3	88.9	^b NA	89	90
Service Quality:					
Percentage of clients reporting satisfaction with services ^a	NA	NA	NA	TBD	90
Average caseload (cases per staff member) (State standard is 50:1)	54:1	66:1	51:1	50:1	50:1
Efficiency:					
Average cost per client served (\$)	1,367	^c 2,032	3,142	3,055	2,945
Workload/Outputs:					
Number of visits with clients	1,459	1,363	1,668	1,590	1,500
Number of services in place for clients ^a	NA	NA	NA	TBD	TBD
Number of clients served	542	595	416	400	400
Inputs:					
Expenditures (\$000)	741	^c 1,209	^d 1,307	1,222	^e 1,178
Workyears	10.0	^c 9.0	^d 8.0	8.3	10.7

Notes:

^aNew measures to be implemented in FY04.

^bThe transfer of a supervisor resulted in loss of institutional knowledge on how to calculate this measure. A new measure, with a documented methodology, is under development for FY04.

^cBeginning in FY02, expenditures include personnel and operating costs; previously, only personnel costs were shown. As a result, per client costs increased.

^dAs a result of a reduction in State funding and the resulting re-allocation of staff between programs, a new methodology for calculating workyears was adopted beginning in FY03.

^eWorkyear and expenditure reductions reflect program realignment/reorganization and reductions in grant awards.

EXPLANATION:

This program provides case management services to seniors and adults with physical or mental disabilities to prevent abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization. There is a direct correlation between receiving case management services and delaying institutionalization.

One of the consequences of advanced age is diminished functional capacity associated with chronic disease conditions. Often the chronicity of an illness impacts an individual's ability to perform basic self-care activities such as dressing, bathing, eating, and toileting, as well as tasks that maintain a household, such as money management, shopping, meal preparation, and home maintenance.

While the need for assistance is quite low among the elderly at age 65, by age 85 many need some assistance if they are to continue to live in the community. Research has demonstrated that the difference between needing and not needing a nursing home placement is contingent upon the availability of a social support system. By helping to keep frail elderly clients and persons with chronic disabilities in the community, case management services also help to keep down the public costs of nursing home placements.

In FY03, social work staff formerly assigned to Adult Protective Services (APS) and SSTA were assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service in the face of the reductions in workyears, staff from other units in Aging and Disability Services have been rotated as needed to handle cases in APS and SSTA.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Adult day care centers, Housing Opportunities Commission, hospitals and physicians, mental health providers, Social Security Administration, homeless advocates, home care agencies, Manna, Maryland Department of Human Resources, Developmental Disabilities Administration, Rep Payee Program, Friendly Visitor Program.

MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapter 13.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Group Residential and Vocational Services

PROGRAM ELEMENT:

Developmental Disabilities Supplement - Residential and Day Services^a

PROGRAM MISSION:

To provide residential housing and supported employment for developmentally disabled citizens to maximize their self-sufficiency and involvement in the community

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of adults with developmental disabilities provided community living services who remain at the same level of independence after receiving support services	90	95	98	95	95
Service Quality:					
Percentage of customers/families who are satisfied with the services they receive from the provider ^c	NA	94	74	75	80
Efficiency:					
Average annual cost per customer (\$)	3,272	3,130	2,744	2,853	2,872
Workload/Outputs:					
Number of customers receiving services	1,528	1,757	2,232	2,308	2,328
Number of customers receiving supported employment	620	584	592	650	650
Number of customers receiving day services	427	454	452	500	500
Number of customers receiving Family Support Services/ Individual Support Services	189	202	348	258	258
Number of customers receiving Community Service Living Arrangement services ^b	153	156	199	200	200
Number of customers receiving residential services	502	584	641	700	720
Inputs:					
Expenditures (\$000)	5,000	5,500	6,125	6,591	6,685
Workyears	0.9	0.9	0.9	1.0	1.0

Notes:

^aProviders receiving the Developmental Disabilities Supplement provide services such as day programs, supported employment, individual support services, family support services, Community Service Living Arrangement, and residential services.

^bThe Community Service Living Arrangement is a State program (which Montgomery County supplements) that allows developmentally disabled individuals who own or rent their home (or their representatives) to select a provider of the residential supervision that the developmentally disabled person needs to remain independent in the community. State and County funds are used to pay for the staff who provide this service.

^cFY02 satisfaction data was self-reported by vendors. For increased validity, FY03 data were collected by the Department independently of the vendor.

EXPLANATION:

Group Residential and Vocational Services provides assistance to people with developmental disabilities who need community services. The County implemented this program in 1974 to encourage providers to deliver services in the County. Services provided include employment, day habilitation, vocational training, day programs, individual and family support services, community supported living arrangements, and residential placements. Recipients of these services range in age from students graduating from Montgomery County Public Schools to senior citizens. The population served includes some of the most vulnerable citizens in the County - people who require supervision and supports to be healthy, safe, and successful.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Developmental Disabilities Administration, Montgomery County Public Schools, Housing Opportunities Commission, Montgomery Community College, Commission on People with Disabilities, Collaboration Council, Division of Rehabilitation Services, Respite Services of Montgomery County, The ARC of Frederick County Service Coordination, Community Partnership, various non-profit organizations, various vendors/contractors.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.22.18, 10.22.07, 10.22.08.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Information and Assistance

PROGRAM ELEMENT:

Information Line

PROGRAM MISSION:

To assist seniors and adults with disabilities in maintaining independence by linking them with needed services

COMMUNITY OUTCOMES SUPPORTED:

- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of individuals who receive the information and referrals required to meet their needs	89	92	^b NA	90	90
Service Quality:					
Percentage of customers satisfied with service	89	89	94	94	94
Percentage of calls returned within 2 business days	91	92	94	95	95
Efficiency:					
Average cost per call (\$)	21.86	20.72	21.34	21.02	^c 25.04
Workload/Outputs:					
Number of telephone calls received ^a	23,011	25,920	28,214	26,500	27,000
Inputs:					
Expenditures (\$000)	503	537	602	557	^c 676
Workyears	8.8	8.8	8.8	8.8	^c 8.6

Notes:

^aA phone call involves listening to customer concerns, determining customer needs, and providing information to meet those needs. It sometimes requires follow-up calls and/or collateral contacts with other community resources. A phone call can also turn into a case which needs to be assessed for additional services.

^bClient survey information using the standardized instrument was irretrievable due to a technical problem with the software provided by the Administration on Aging.

^cWorkyear and expenditure changes reflect program realignment/reorganization.

EXPLANATION:

The Information and Assistance Unit, initiated in FY98 from a consolidation of County departments, provides a one-stop information and referral service for seniors and persons with disabilities, including a modified case management component. Studies indicate that approximately 15% of the elderly/disabled population needs some type of service in order to manage their daily activities. Often they are uncertain as to what type of service they need and how to access the myriad private, non-profit, and government services.

The Information and Assistance Unit serves as a primary point of entry where consumers can have an assessment by phone to determine their needs and be provided with most, if not all, of the information needed to meet their needs. For those callers who need further assistance, the intake for follow-up case management services is completed by phone. The provision of information and referral services, combined with telephone assessment and the available progression to a full psycho/social/nursing assessment, simplifies the process for customers.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Adult day care centers, Community Psychiatric Clinic, faith community, Maryland Department of Human Resources and Department on Aging, Developmental Disabilities Administration, home care agencies, HELP/FISH groups, Housing Opportunities Commission, Independence NOW, Jewish Council for the Aging, Jewish Social Services Agency, Metro, Mental Health Association, non-profit organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.14.04, COMAR 07.06.13.02, Senior Information and Assistance Program Policy and Procedure Manual, Older Americans Act 1965 Guidelines, Annotated Code of Maryland 70B546.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Information and Assistance		PROGRAM ELEMENT: Senior Information and Assistance Program ^a			
PROGRAM MISSION: To provide a single point of entry into the service system for seniors, and to promote awareness of services for the elderly through outreach and public education					
COMMUNITY OUTCOMES SUPPORTED: • Individuals and families achieving their maximum possible level of self-sufficiency					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of individuals who reported that they received the information, referrals, and/or assistance required to make informed choices about services and benefits	NA	92	85	90	90
Service Quality:					
Percentage of customers satisfied with service	NA	89	94	94	94
Efficiency:					
Average cost per client contact (\$)	156	144	187	178	^c 208
Workload/Outputs:					
Number of customers served	1,864	2,384	2,877	3,000	3,000
Inputs:					
Expenditures (\$000)	291	344	^b 539	533	^c 624
Workyears	5.2	5.3	^b 8.2	8.3	^c 7.9
Notes: ^a This program element covers public education and community outreach (including, but not limited to, senior centers, home visits, case management, and service coordination). ^b The staff complement and expenditure increases in FY03 reflect the transfer of one position from Continuing Social Services to Adults and the addition of two new positions to provide outreach services to the Asian and Hispanic communities. ^c Workyear and expenditure changes reflect program realignment/reorganization.					
EXPLANATION: The Senior Information and Assistance program provides a single point of entry into the senior system for older residents, their families, and care givers. Through this program, seniors receive information to make informed choices about services, referrals to appropriate agencies, assistance in obtaining services and benefits, and follow-up. The program promotes awareness of services for the elderly through outreach and public education. In FY03, the average cost per client increased with the addition of outreach staff for the Asian and Hispanic communities. Over time, the number of customers served will now be able to increase.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Human Services service areas, adult day care centers, and mental health services; the faith community; Maryland Department of Human Resources; Maryland Department on Aging; Developmental Disabilities Administration; home care agencies; community groups serving the elderly; Housing Opportunities Commission; Independence Now; Jewish Council for the Aging; Jewish Social Services Agency; non-profit organizations; and others.					
MAJOR RELATED PLANS AND GUIDELINES: Annotated Code of Maryland, Articles 70B, 4E, 4F, and 4G; Older Americans Act of 1965; Area Plan 2000.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: In-Home Aide Services		PROGRAM ELEMENT:			
PROGRAM MISSION: To provide home-based support services, including personal care and/or chore services, to eligible frail seniors and people with disabilities who, with this assistance, are capable of remaining in their own homes and in the community					
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of customers who continue to have reduced risk at 6 and 12 months ^a	92	89.2	98.5	NA	NA
Percentage of customers without unmet personal care needs ^a	NA	NA	NA	90	90
Service Quality:					
Average satisfaction score of customers receiving Home Care services (range of scale is 0 to 100) ^d	97	94	97	90	90
Average satisfaction rating by customers using standardized customer feedback tool ^d	NA	NA	NA	80	80
Efficiency:					
Average cost per customer served (\$)	7,274	6,573	6,941	7,082	7,213
Workload/Outputs:					
Number of customers served	537	606	575	588	563
Number of service hours provided	184,094	194,066	185,912	190,137	186,062
Inputs:					
Expenditures (\$000)	3,906	3,983	^b 3,991	^c 4,164	^e 4,061
Workyears	17.8	18.4	18.4	18.5	^e 17.5
Notes:					
^a The program will switch outcome measures in FY04 in order to utilize the Home Care Satisfaction Measure, a nationally validated tool.					
^b The FY03 actual expenditure is \$400,000 less than the FY03 budgeted amount (\$4,391,000). This is the result of reducing delivered service in FY03 in anticipation of further reductions in FY04.					
^c The FY04 approved budget includes a reduction of \$227,000.					
^d Beginning in FY04, the Home Care Satisfaction Measure (a standardized tool) will be used to measure client satisfaction.					
^e FY05 reflects a reduction of \$50,000 and the transfer of 1 vacant Social Worker III position to Social Services To Adults.					
EXPLANATION: The Home Care Services Program provides personal care and chore services. Personal care can involve bathing, feeding, grooming, and assistance with ambulation. Chore services entail cleaning, planning and preparing meals, and providing transportation for grocery shopping or medical appointments. In FY02, the percentage of clients with reduced risk declined because the clients serviced by the program were becoming frailer and had greater disabilities.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Human Resources, Maryland Office on Aging, Maryland Department of Health and Mental Hygiene (Medical Assistance Personal Care Program), Housing Opportunities Commission, Montgomery County Fire and Rescue Service, Police Department, Montgomery County Commission on Aging, Montgomery County Commission on People with Disabilities, private, public, and nonprofit home health aide contract agencies.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapter 12.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Ombudsman Services	PROGRAM ELEMENT:
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PROGRAM MISSION:
To improve the quality of life for all residents living in licensed long-term care facilities by identifying, investigating, and resolving complaints made on behalf of the residents

COMMUNITY OUTCOMES SUPPORTED:
• Children and vulnerable adults who are safe

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of all complaints resolved	86	90	86	90	90
Percentage of serious complaints resolved	84	90	86	90	90
Service Quality:					
Average number of days to respond to a complaint	NA	3.6	2.0	2.0	1.5
Efficiency:					
Cost per complaint received (\$)	337	^d 386	^d 591	^d 682	654
Number of volunteers providing service at least 4 hours per week	55	59	65	65	70
Workload/Output:					
Number of complaints received ^a	701	866	^b 856	900	900
Number of cases ^a	561	660	^b 635	700	700
Inputs:					
Expenditures (\$000)	236	^d 334	^d 506	^d 614	^c 589
Workyears	2.5	3.5	5.5	5.5	^c 4.5

Notes:
^aAn individual case can have multiple complaints associated with it, each of which is processed separately.
^bThe number of complaints received was lower than anticipated because the addition of two full-time staff did not occur until the second quarter of the fiscal year. In addition, the program revised its procedures by not opening cases on resident-to-resident altercations that did not involve injuries.
^cReflects reductions in Senior Ombudsman grant award.
^dCorrections have been made to these years due to the inclusion of additional State funds.

EXPLANATION:
The Ombudsman program is Federally mandated under the Older Americans Act. The ombudsmen provide assistance to families and residents of licensed long-term care facilities and empower residents and families to resolve their complaints. The problems confronting long-term care facilities include shortages of staff, lack of training and supervision for the staff, and the tremendous turnover that occurs in all levels of staffing. Volunteers play a major role in working with facilities and families to get problems resolved. The volunteers must have the ability to communicate well, have a strong knowledge of the regulations, and be able to develop cooperative partnerships in resolving many complaints. Currently, the program is responsible for 35 nursing homes and over 130 licensed assisted living facilities for a total population of over 7,000 people. Volunteers in this program have been authorized to perform complaint investigation and resolution.

The increase in paid staff, beginning in FY03, has provided more capacity to give the supervision and support the volunteers need. This has resulted in an increase in the number of volunteers accepted into the program.

The program does not anticipate an increase in the number of complaints received in FY05. The ombudsmen's goals for the long-term care facilities will be to increase facility training on resident rights and elder abuse, and to increase the development of effective family councils. These goals are designed to reduce complaints to the ombudsman office and to have families and facilities prevent and solve their own problems.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Licensing and Regulatory Services, Police Department, all programs in Aging and Disability Services, Maryland Office of Health Care Quality, Maryland Department of Aging.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.07.14, 10.07.09, 10.07.02, Omnibus Reconciliation Act of 1987 Part 483; Older American Act Public Law 102-375, Chapter 2; Title 32 Maryland Department of Aging, Subtitle 03, Chapter 02.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Persons with Disabilities Outreach Services		PROGRAM ELEMENT: Disability Services - Resource Coordination			
PROGRAM MISSION: To provide supportive services to individuals with developmental disabilities who are living in the community, and to their families					
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and vulnerable adults who are safe• Individuals and families achieving their maximum level of self-sufficiency					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
<u>Outcomes/Results:</u>					
Percentage of customers who remained in the same home with the help of supportive services	NA	97	92	93	94
Percentage of customers who are more connected to the community through participation in activities	NA	^b 79	70	75	75
Percentage of customers who participate in gainful activity	NA	94	93	90	90
Percentage of Montgomery County youth with disabilities who have successful outcomes after graduation from high school	94	91	94	83	85
<u>Service Quality:</u>					
Percentage of customers/families that rate the supportive services as satisfactory or better	NA	^b 94	83	85	86
Percentage of eligibility determinations completed in 30 days ^a	75	93	94	90	91
<u>Efficiency:</u>					
Cost per customer for resource coordination services (\$)	1,058	1,022	1,016	1,023	1,033
<u>Workload/Outputs:</u>					
Number of customers served	2,706	3,165	3,418	3,482	3,374
<u>Inputs:</u>					
Expenditures (\$000)	2,863	3,600	3,473	3,561	3,485
Workyears	8.8	12.6	12.6	12.6	13.5
<u>Notes:</u> ^a Regulations require a 30 day turnaround, but eligibility determination may take longer than 30 days due to circumstances beyond the control of program staff (such as hospitalization or illness). ^b FY02 actual data based on a small (non-representative) sample.					
EXPLANATION: Supportive Services focus on matching the customer's needs and preferences to community resources so the customer can remain in his or her home. Supportive services can include after-school care, respite care, accessing medical and adaptive equipment, renovations, transportation, specialized therapeutic interventions, an aide for attending educational classes, camps, behavioral consultation and supports, housekeeping, teaching the activities of daily living, estate planning, and referral information.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Developmental Disabilities Administration, Montgomery County Public Schools, Montgomery County Infants and Toddlers Program, Division of Rehabilitation Services, Respite Services of Montgomery County, The ARC of Frederick County Service Coordination, Jubilee Association, Lt. Joseph P. Kennedy Institute, Montgomery County Department of Recreation, Community Partnership, various non-profit organizations, various vendors/contractors.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.22.06.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Respite Care

PROGRAM ELEMENT:

PROGRAM MISSION:

To sustain disabled residents in the community by providing caregivers of individuals with developmental and functional disabilities temporary relief from caregiving

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES^a

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of families that report a reduction in stress/care-giver burden as a result of receiving respite services	NA	NA	89	85	86
Percentage of customers with disabilities receiving respite services that remain in the community	NA	NA	98	95	95
Service Quality:					
Percentage of families who report they are satisfied with respite services	NA	NA	90	85	90
Percentage of families registered for respite services that actually use respite care during the fiscal year	NA	NA	85	82	80
Efficiency:					
Average annual cost per family served (\$)	NA	NA	665	736	693
Workload/Outputs:					
Number of customers receiving service	NA	NA	1,101	1,200	1,300
Total hours of Level I ^b respite care provided	NA	NA	32,056	40,338	45,500
Total hours of Level II ^b respite care provided	NA	NA	16,028	25,330	30,250
Inputs:					
Expenditures (\$000)	556	735	732	^c 883	901

Notes:

^aIncludes only contracts to providers of respite care services. The small amount of staff time that is needed to administer those contracts is not included. FY03 was the first year that vendors were required to report program measures.

^bLevel I respite care involves personal or companion care; Level II care involves skilled nursing care.

^cFY04 includes a reduction of \$56,000 in State funding.

EXPLANATION:

Respite care provides short-term relief and support to families that provide on-going care to frail elderly persons, children, and adults with developmental disabilities, and/or children with severe medical or behavioral needs. Respite care is provided on a short-term periodic basis to give the family a break from continuous caregiving. An important potential benefit of providing respite care is that such care can help prevent a caregiver from having to prematurely institutionalize the person being cared for.

Program staff try to allocate the limited respite care resources to maximize the number of families that are provided some respite, even though the resources may not be adequate to provide caregivers with all of the respite they would like (or to which they are - in principle - entitled). The maximum amount of respite care that can be provided over the period of a year is 164 hours per person cared for. Montgomery County recognizes the need caregivers have for respite and has developed a respite consortium of over 30 agencies throughout the County. Respite Care of Montgomery County connects families to agencies and/or independent respite care providers that can meet the specific needs of family members.

The Respite Care Program has received an increasing number of requests for service due to outreach and public education efforts. Funding has not increased as fast as the additional demand. Consequently, the percentage of families that are able to receive services during the year is declining.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: ARC of Montgomery County, Maryland Department of Human Resources.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.11.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Senior Community Services

PROGRAM ELEMENT:

Autism Medicaid Waiver

PROGRAM MISSION:

To support children who qualify for an institutional level of care but can be served in the community with support services

COMMUNITY OUTCOMES SUPPORTED:

- Individuals and families achieving their maximum possible level of self-sufficiency
- Children and vulnerable adults who are safe

PROGRAM MEASURES^a

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of homes receiving environmental adaptations that have no reported safety accidents within the fiscal year	NA	NA	NA	TBD	95
Percentage of children receiving Individual Intensive Support Services that exhibit higher levels of functioning	NA	NA	NA	TBD	80
State and Federal funds provided to County residents for services ^b	NA	NA	NA	TBD	TBD
Service Quality:					
Percentage of customers satisfied with the program ^c	NA	NA	NA	TBD	90
Percentage of monthly visits that occur on time	NA	NA	NA	TBD	90
Percentage of re-certifications that are completed on time	NA	NA	NA	TBD	90
Efficiency:					
Average cost per customer served through waiver (\$)	NA	NA	NA	TBD	2,933
Workload/Outputs:					
Number of new customers approved	NA	NA	NA	TBD	50
Number of customers receiving case management	NA	NA	NA	TBD	225
Number of new customer resources (i.e. providers) developed	NA	NA	NA	TBD	3
Inputs:					
Expenditures (\$000)	NA	NA	NA	TBD	660
Workyears	NA	NA	NA	TBD	8.0

Notes:

^aBecame a formal budgetary program in FY04.

^bData on the monetary benefits paid to County residents will be collected starting in FY04. Benefits are paid directly to the family and do not pass through the County's financial system.

^cInstrument under development.

EXPLANATION:

The Autism Waiver is a Medicaid waiver program that provides support for children with Autism Spectrum Disorder and their families. The Autism Waiver became a formal budgetary program in FY04. A number of services are available to families, including day and residential habilitation, respite care, supported employment, environmental accessibility adaptations, and family training.

Three forms of day habilitation are offered: regular day habilitation, intensive individual support services, and therapeutic integration services (after school/extended day program). Regular day habilitation services help children to develop and retain their capacity for independence, self-care, and social functioning. Intensive individual support services provide intensive, one-on-one interventions. Therapeutic integration services are needed for children and adolescents who have problems with the development of socialization skills, enhancement of self-esteem, and behavior management.

Residential habilitation involves community-based, intensive residential placements for those waiver participants who cannot live at home at the present time because they require a highly supervised and supportive environment. Environmental accessibility adaptations are physical adaptations to a home, required by the individual's plan of care, which are necessary to ensure the health, welfare, and safety of the individual or which enable the individual to function with greater independence in the home. Examples include lead abatement, security systems, locks, and security fences to protect children who might wander.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Maryland Department of Health and Mental Hygiene, Maryland State Department of Education.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.56.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Senior Community Services	PROGRAM ELEMENT: Medicaid Waiver for Older Adults
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PROGRAM MISSION: To help ensure the health and safety of vulnerable residents and prevent unnecessary institutionalization by maintaining individuals in the community
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COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none"> • Children and adults who are physically and mentally healthy • Children and vulnerable adults who are safe • Individuals and families achieving their maximum possible level of self-sufficiency
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PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
<u>Outcomes/Results:</u>					
Percentage of customers for whom nursing home placement is prevented or delayed by 6 months or more	NA	NA	77.4	70	75
Amount of Federal and State funds provided to County residents for services (\$000)	NA	3,045	8,180	13,667	11,550
<u>Service Quality:</u>					
Percentage of nursing assessments completed within 10 days	NA	NA	85	95	95
Percentage of customers reporting satisfaction with the program	NA	NA	95	95	95
<u>Efficiency:</u>					
Average cost per customer (\$)	NA	NA	1,580	1,791	^e 2,524
<u>Workload/Outputs:</u>					
Number of new customers approved for waiver services	NA	126	209	^a 40	^a 100
Number of nursing assessments performed	NA	404	678	^a 366	^a 405
<u>Inputs:</u>					
Expenditures (\$000)	NA	NA	^b 1,267	^b 265	^e 934
Workyears	NA	NA	^c 13.8	^d 3.0	^e 12.8

<u>Notes:</u>
^a The number of new customers approved and the number of nursing assessments performed both declined due to a State cap of the program.
^b Expenditures reflect the program's use of funds budgeted in other parts of Aging and Disability Services. In FY04, the Department anticipates that approximately \$643,000 from other Aging and Disability Services programs will be redirected to the Medical Assistance Long Term Care Waiver.
^c Includes staff reassigned from other Aging and Disability Services programs and contractors.
^d An additional 9.6 workyears will be added during FY04, including new and existing career staff shifted from other programs.
^e Reflects program realignment/reorganization.

EXPLANATION:
The goal of the Medical Assistance Waiver is to enable older adults to remain in a community setting even though their frailty or disability would warrant placement in a long-term care facility. The waiver (which is permanent, once granted) allows services that are typically covered by Medicaid only in a long-term care facility to be provided to eligible persons in their own homes or in assisted living facilities. The State pays for covered services to enable eligible residents to stay in the community.
Social work staff formerly assigned to Adult Protective Services (APS) and Social Services to Adults (SSTA) have been assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service in the face of the reductions in workyears, staff from other units in Aging and Disability Services have been rotated as needed to handle cases in APS and SSTA.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene, Maryland Department of Aging, Delmarva.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.54.
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HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Senior Community Services	PROGRAM ELEMENT: Senior Community Program Contracts				
PROGRAM MISSION: To provide a broad array of community services for frail seniors and individuals with disabilities to help them remain in their own homes and in the community					
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and vulnerable adults who are safe• Individuals and families achieving their maximum level of self-sufficiency					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of contracted programs with outcome measures in place	NA	NA	27	36	100
Percentage of contracted programs that exhibit improved results	NA	NA	NA	NA	TBD
Service Quality:					
Percentage of contracted programs that provide good or excellent service quality ^a	NA	NA	NA	NA	TBD
Efficiency:					
Average administration cost per contract (\$)	NA	NA	4,253	6,009	6,360
Percentage of budget devoted to administering contracts	NA	NA	3.0	3.6	3.9
Workload/Outputs:					
Number of contracted programs provided assistance with developing or analyzing outcome measures	NA	NA	4	2	7
Total number of contracts administered	NA	NA	15	11	^b 10
Inputs:					
Total expenditures (\$000)	2,233	2,631	2,143	1,845	^b 1,640
Contract adminstraion expenditures (\$000)	NA	NA	63.8	66.1	^b 63.6
Workyears	4.5	9.5	8.7	7.3	^b 6.3
Notes: ^a Service quality will be assessed on an individualized basis for each contracted program. ^b Reflects recommended reductions and program realignment/reorganization.					
EXPLANATION: Senior Community Services provides contractual services designed to keep seniors independent and in the community. These contracts include programs for transportation to senior centers and grocery stores; legal services; representative payee services (trained volunteers who assist at-risk elderly County residents with paying bills); health insurance counseling; visitor services (trained volunteers who visit homebound or nursing home residents); grocery shopping; subsidized employment; and socialization for seniors with visual impairments. Most services covered here are provided via contracts with private vendors.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: The Senior Connection of Montgomery County, Associated Catholic Charities of Montgomery County, First Transit Inc., Jewish Council for Aging, Jewish Community Center, Mental Health Association of Montgomery County, University of Maryland Cooperative Extension Service, American Red Cross, Legal Aide Bureau, Montgomery County Department of Public Works and Transportation.					
MAJOR RELATED PLANS AND GUIDELINES: Federal Older Americans Act, Area Plan on Aging.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Senior Food Program

PROGRAM ELEMENT:

Senior Nutrition Program

PROGRAM MISSION:

To maintain and/or improve the nutritional health of seniors

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of customers who report an increase in social contacts	NA	65	64	65	65
Percentage of customers who report an improvement in diet	NA	49	45	50	50
Service Quality:					
Percentage of customers reporting satisfaction with meals	NA	81	86	80	80
Percentage of customers reporting satisfaction with the social environment at nutrition sites	NA	90	91	90	90
Percentage of customers reporting satisfaction with activities offered at nutrition sites	NA	86	74	85	80
Percentage of nutrition sites that provide transportation assistance	58	58	54	54	55
Efficiency:					
Average cost per congregate meal (\$)	4.70	4.87	4.86	4.72	4.75
Average cost per home-delivered meal (\$)	4.87	6.06	5.81	5.63	5.65
Workload/Outputs:					
Number of unduplicated customers served	3,670	4,430	4,517	4,650	4,600
Number of congregate meals served	178,271	195,531	196,833	201,700	200,000
Number of home-delivered meals served	66,283	59,749	57,622	63,100	63,000
Number of nutrition education programs	180	297	307	190	190
Number of individual nutritional risk surveys ^a conducted	1,500	598	914	1,000	900
Inputs:					
Expenditures (\$000) ^b	1,212	1,314	1,291	1,308	1,308
Workyears	3.0	3.0	3.0	3.0	3.0

Notes:

^aNew clients at congregate meals are given a National Nutritional Risk Assessment survey. Those indicating high nutritional risk are offered nutrition counseling.

^bExpenditures listed are greater than the published budget because revenues collected by the program do not appear in the County's published budget. The Senior Food Program is funded jointly by Title III of the Federal Older Americans Act; U.S. Department of Agriculture, State, and County funds; plus voluntary participant donations. (The County is required to provide a 10 percent match of Federal funds.)

EXPLANATION:

The goal of the Older Americans Act is to help seniors remain independent, stay active in their homes and communities, and avoid premature institutionalization. Nutrition services help seniors remain healthy by serving nutritious meals while also providing opportunities for socialization, access to information, and other supportive services.

Poor nutrition diminishes resistance to disease and promotes nutrition-related chronic diseases. Studies have indicated that congregate meal delivery, by reducing social isolation, improves nutrition, enhances quality of life, and reduces health expenditures for the elderly and the community.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, City of Gaithersburg, Montgomery County Department of Recreation, Maryland Department of Aging, Housing Opportunities Commission, Rockville Senior Center, Chinese Cultural and Community Service Center, Jewish Community Center of Greater Washington, Korean American Senior Citizens Association of Maryland, Korean Community Service Center, Vietnamese Senior Association of Maryland, Shelter Properties LLC, Gaithersburg Meals on Wheels, Jewish Social Services Agency Meals on Wheels, Meals on Wheels of Central Maryland.

MAJOR RELATED PLANS AND GUIDELINES: Older Americans Act, COMAR 10.15.03.